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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/625,816	
	Filing Date	7/22/2003	
	First Named Inventor	VANCAILLIE	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	9	Attorney Docket Number	

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Return Receipt Post Card (not counted in 9 page total); 2 Journal articles
Remarks 1		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	EPPA HITE
Signature	<i>Eppa Hite</i> Reg # 30,266
Date	2/12/2004

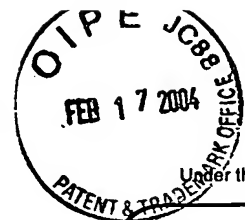
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PTO/SB/08b(05-03)

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Substitute for form 1449B/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Complete if Known

Application Number	10/625,816
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First Named Inventor	VANCAILLIE
Art Unit	
Examiner Name	
Attorney Docket Number	

Sheet 1 of 1

NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		EZZAT KOZMAN et al; The effect of an intrauterine application of two percent lignocaine gel on pain perception during Vabra endometrial sampling... ; British Journal of Obstetrics and Gynaecology; Jan 2001; pp 87-90. Vol. 108; United Kingdom	
		G. F. ROUSSEAU et al; Plasma lidocaine concentrations following insertion of 2% lidocaine gel into the uterine cavity after uterine balloon thermal ablation; British Journal of Anaesthesia; post June 17, 2002; pp 846-848; 89 (6); United Kingdom	

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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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